**Proforma of Claim form**

From address:

To

The Branch Manager,

\_\_\_\_\_\_\_\_\_\_\_ Branch.

Sir/madam,

**CLAIM REQUEST LETTER UNDER DEAF SCHEME:**

1. I, ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ having account(SB/CA/TD/OTHER)account S/o ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ bearing account No. ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_/- with your Branch is inoperative with balance of Rs.­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/-
2. Reasons for not operating my account:
3. Now, I propose to operate my account. I furnish the following documents for your consideration.
4. KYC of Address and identity proof with self-attestation.
5. ORIGINAL PASSBOOK/FDR RECEIPT
6. I request you to permit me to operate my account with your branch.

Yours faithfully,

(signature of the customer)

--------------------------------------------------------------------------------------------------------------------------**Branch use:**

We confirm the identification of the depositor/customer and details of the depositor were verified and it is found correct and genuine. We confirm that the above claim has not been made earlier by the customer and not claimed from DEAF. Particulars of the deposit amount transferred to DEAF:

1. SNo of DEAF Remittance Register:
2. Name of the Depositor:
3. Account No:
4. Amount and date transferred to DEAF:

 We recommend the claim amount of Rs. ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(including interest) in favour of Sri/Smt ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/o D/o ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_which was transferred to DEAF A/c by us on Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Date: Branch Manager: